

A. REQUESTOR / AGENCY INFORMATION

REQUESTOR/AGENCY NAME:

| | | | |
|------------------|---------|--------|------|
| CONTACT NAME: | | TITLE: | |
| PHONE: | FAX: | EMAIL: | |
| MAILING ADDRESS: | | | |
| CITY: | COUNTY: | STATE: | ZIP: |

B. PROPOSED SURVEILLANCE LOCATION / UTILITY INFORMATION

| | | | |
|-------------------|---------|-------------------------|------|
| BUSINESS NAME: | | OWNER NAME: | |
| PHONE: | FAX: | EMAIL: | |
| PHYSICAL ADDRESS: | | ASSESSOR PARCEL NUMBER: | |
| CITY: | COUNTY: | STATE: | ZIP: |
| MAILING ADDRESS: | | | |
| CITY: | COUNTY: | STATE: | ZIP: |

C. UTILITY INFORMATION

| | | |
|---|---------------------------------|--------|
| ELECTRICAL POWER AVAILABLE: <input type="checkbox"/> YES <input type="checkbox"/> NO | UTILITY COMPANY NAME / CONTACT: | PHONE: |
|---|---------------------------------|--------|

D. BACKGROUND INFORMATION (ATTACH ADDITIONAL PAGES IF NECESSARY)

Describe the magnitude of the problem (amount of tires moved, etc.). What equipment will be needed? What do you expect to find?
Please provide as much detail as possible.

E. PROPERTY OWNER CONSENT: I hereby give my consent for the California Integrated Waste Management Board, the local enforcement authority, and/or the Air Resources Board to place camera(s) on my property for the purpose of observing and/or monitoring illegal dumping of waste tires or other solid waste. I understand that the cameras have to be monitored, and this will require periodic access to the property for inspections of the camera. I waive any and all compensation for the use of or damage to my property for the above-mentioned purposes.

| | | |
|-------|--|--------|
| DATE: | PROPERTY OWNER PRINTED NAME/SIGNATURE: | PHONE: |
| | | |

F. PRIVATE PROPERTY OWNER WAIVER: I also waive any and all rights to sue for violation of privacy should a camera be pointed toward areas typically viewed as private, such as a house or a backyard.

| | | |
|-------|--|--------|
| DATE: | PROPERTY OWNER PRINTED NAME/SIGNATURE: | PHONE: |
| | | |

FOR CIWMB USE ONLY

| | | | |
|--|----------------|---------------------------------------|----------------|
| RECEIVED BY CIWMB: | DATE RECEIVED: | DATE REFERRED TO ARB: | DATE REFERRED: |
| <input type="checkbox"/> HIGH PRIORITY | | <input type="checkbox"/> LOW PRIORITY | |

This form is to be completed by California Integrated Waste Management Board (CIWMB) or waste tire enforcement grantee staff. Completed forms should be submitted to CIWMB field staff and a copy to CIWMB and/or grantee staff's supervisor. Submittal should be forwarded via e-mail or FAX. CIWMB staff will coordinate all requests through the ARB Contract Manager.

A. REQUESTOR / AGENCY INFORMATION

In this section, enter the following information: the name of the person or agency requesting surveillance assistance; name of the contact person; title of the contact person; contact person's phone number, FAX number, e-mail address, and mailing address.

B. PROPOSED SURVEILLANCE LOCATION / UTILITY INFORMATION

In this section, to the extent possible enter the following information for the proposed surveillance location: the name of the business where the surveillance operation will take place; the name of the owner of the business and the owner's phone number, FAX number, and e-mail address; the physical address of the business; and the mailing address of the business. If information provided is inadequate, the form may be return for additional information in order to process the request.

C. UTILITY INFORMATION

In this section, indicate if electrical power is available by checking the "yes" or "no" ballot box. Also, provide the name of the owner of the electric utility along with the name of a contact person and phone number.

D. BACKGROUND INFORMATION

In this section, include a brief explanation for this surveillance request. Take account of frequency of illegal disposal at the business location, the type of camera and/or video equipment needed, proposed camera and/or video setup needs, security issues, sensitive receptors (such as neighbors), and estimated surveillance period. Attach additional pages if necessary.

E. PROPERTY OWNER CONSENT

In this section, have the private and/or public property owners read the surveillance form/consent information, fill in the date, print and sign his/her name and fill in his/her phone number.

F. PRIVATE PROPERTY OWNER WAIVER

Only the private owner needs to read and sign this section in addition to the above section.